



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <i>BEK Rothen</i>	Telephone Number <i>765</i> Establishment <i>607 1773</i> Owner	Date of Inspection (mm/dd/yr) <i>8-23-17</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>928 E Main St Gas City</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Brian Morris</i>	Summary of Violations: <i>C - NC 2 R -</i>	Menu Type (See back of page)	
Owner's Address <i>308 E. S. A'</i>		<i>1 2 3 4 5</i>	
Person in Charge <i>Lisa Gomez</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Lisa Gomez exp 2023</i>			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By	
<i>295</i>	<i>NC</i>		<i>doors on cooler to include handles are sealed.</i>	<i>To Day</i>	
<i>176</i>	<i>NC</i>		<i>Scoop in sugar container in contact w/ sugar - need a handle on scoop</i>	<i>[Handwritten bracket]</i>	

Received by (name and title printed): <i>Lisa Gomez</i>	Inspected by (name and title printed): <i>DUSTIN SMALL PSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: